Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ - ___

Replaced by blinded subject ID

blind_id	Blinded ID

A2. Acrostic Identifier ___ ___ ___ ___ ___
Removed to protect privacy

A3. Study visit Study Visit 2 (Stage II) ..... (2)

VISIT	A3. Study visit

A4. Date of form completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age at date of form completion, days

R104_age	A4. <created var> Age at date of form completion, days

A5. Name of person completing form _____ ___ ___ ___
PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: PRE-STAGE II ASSESSMENT

B1. Number of interventional cardiac catheterization procedures ___ ___ (0-5) (If 0, skip to **B2**)
[DO NOT list <u>diagnostic</u> catheterizations]

	Cardiac Catheterization Intervention Code(See Code List F)[code required for data entry]					
	1. Level 1	**2. Level 2**	**3. Level 3**	**4. Level 4**	**5. Level 5**	**6. Date of Interventional Cardiac Catheterization**
a.	___ ___ -	___ ___ -	___ ___ -	___ ___ -	___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
b.	___ ___ -	___ ___ -	___ ___ -	___ ___ -	___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention

c.	___ ___ - ___ ___ - ___ ___ - ___ ___ - ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention

pcathcode	<created var> Concatenation of all pre-stg2 cath codes
pcath0	B1a.Pre-stg2 interventional catheterization
pcath_age_0	B1a <created var> Age at date of interventional cardiac catheterization, days
PCATHNAM_0	B1a.Pre-stg2 interventional catheterization name
pcath1	B1b.Pre-stg2 interventional catheterization
pcath_age_1	B1b <created var> Age at date of interventional cardiac catheterization, days
PCATHNAM_1	B1b.Pre-stg2 interventional catheterization name
pcath2	B1c.Pre-stg2 interventional catheterization
pcath_age_2	B1c <created var> Age at date of interventional cardiac catheterization, days
PCATHNAM_2	B1c.Pre-stg2 interventional catheterization name
pcath3	B1d.Pre-stg2 interventional catheterization
pcath_age_3	B1d <created var> Age at date of interventional cardiac catheterization, days
PCATHNAM_3	B1d.Pre-stg2 interventional catheterization name
pcath4	B1e.Pre-stg2 interventional catheterization
pcath_age_4	B1e <created var> Age at date of interventional cardiac catheterization, days

B2. Number of <u>other</u> surgical procedures ___ ___ (0-5) (If 0, skip to **B5**)

[DO NOT include catheterization procedures listed previously]

Other Surgical Procedures			
Code	**Procedure Name**	**Code**	**Procedure Name**
01	Bowel surgery	13	Pulmonary artery reconstruction
02	Chest closure	14	Shunt revision **without** crossover
03	Chest exploration without intervention	15	Shunt crossover
04	Coarctation repair		
05	Dialysis	17	Thorocentesis
06	Diaphragm plication	18	Thoracic duct ligation
07	Extracorporeal membrane oxygenation	19	Thoracostomy tube
08	Gastrostomy tube	20	Thrombectomy
09	Pacemaker insertion*	21	Tracheostomy
10	Pericardial window	22	Transplantation
11	Pleurodesis	23	Ventriculostomy/VP shunt
		99	Other surgical procedure

***If code 09 is selected, question B4 must be YES**

Surgical Code (See codes above)

a. ___ ___ 1. If Other (99), specify: _____

b. ___ ___ 1. If Other (99), specify: _____

c. ___ ___ 1. If Other (99), specify: _____

d. ___ ___ 1. If Other (99), specify: _____

e. ___ ___ 1. If Other (99), specify: _____

PNUMSURG	B2. Number of other surgical procedures
psurgcod	<created var> Concatenation of all pre-stg2 other surgical procedures
PSURGCOD_0	B2a.Pre-stg2 other surgical procedures
PSURG_S_0	B2a.Pre-stg2 other surgical procedures, if other'99' specify
PSURGCOD_1	B2b.Pre-stg2 other surgical procedures
PSURG_S_1	B2b.Pre-stg2 other surgical procedures, if other'99' specify

...

PSURGCOD_7	B2h.Pre-stg2 other surgical procedures
PSURG_S_7	B2h.Pre-stg2 other surgical procedures, if other'99' specify
PSURGCOD_8	B2i.Pre-stg2 other surgical procedures
PSURG_S_8	B2i.Pre-stg2 other surgical procedures, if other'99' specify

B3. Number of above procedures for which patient was placed on cardiopulmonary bypass. ____ (0 – 5) **(If 0, skip to B4)**

	a.Procedure code(see Other Surgical Procedure codes above)	b. Bypass minutes	c.DHCA Yes= 1No = 2	d.DHCAminutes	e.RCPYes= 1No = 2	f.RCPminutes	g. RCPflowcc/kg/min	h.Lowest temp. **°C** during bypass, regardless of location	i.HCT %
1.	__ __	__ __ __	___	__ __ __	___	__ __ __	__ __ __	__ __ . __	__ __ . __
	a1. If “other” procedure, specify: _____								

PCPB	B3. Number of procedures with cardiopulmonary bypass
PCPB_EV_0	B3. Number of procedures with cardiopulmonary bypass
PCPB_MN_0	[Added version B]B3.1.a. Procedure code
PCPB_SPC_0	[Added version B]B3.1.b. Bypass time minutes
PDHCA_MN_0	[Added version B]B3.1.1a. Specify 'other' procedure code
PDHCA_YN_0	[Added version B]B3.1.d. DHCA time, minutes
PLOW_TEMP_0	[Added version B]B3.1.c. On DHCA
PRCP_MN_0	[Added version B]B3.1.h. Lowest temperature during bypass, Celsius
PRCP_YN_0	[Added version B]B3.1.f. RCP time, minutes
PRCPFLOW_0	[Added version B]B3.1.e. On RCP
PHCT_PCT_0	[Added version B]B3.1.g. RCP flow, cc/kg/min

B4. Pacemaker placed? YES.....1 NO ..... 2 **(B5a)**

a. Date of placement ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

b. Type of pacemaker
PERMANENT EPICARDIAL ATRIAL PACING.....1
PERMANENT EPICARDIAL VENTRICULAR PACING 2
PERMANENT EPICARDIAL DUAL CHAMBER PACING 3
OTHER 99

1. If OTHER, specify _____

PPACER	B4. Pacemaker placed
ppacer_age	B4a <created var> Age at date of pacemaker placement, days
PPACERTY	B4b. Type of pacemaker
PPACER_S	B4b1. If other, specify

B5. Reason(s) for timing of stage II procedure

		YES	NO
a.	Elective	1	2
b.	Progressive hypoxemia	1	2
c.	Failure to thrive	1	2
d.	Shunt occlusion	1	2
e.	Neoaortic arch obstruction	1	2
f.	≥ Moderate AVV insufficiency	1	2
g.	Ventricular dysfunction	1	2
h.	Other	1	2 **(B6)**
	1. Other, specify:		

ELECTIVE	B5a. Elective
HYPOX	B5b. Progressive hypoxemia
THRIVE	B5c. Failure to thrive
OCCLUSN	B5d. Shunt occlusion
ARCHOBST	B5e. Neoaortic arch obstruction
AVVINSUF	B5f. Greater than or equal to Moderate AVV insufficiency
VENTDYS	B5g. Ventricular dysfunction
TIMEOTH	B5h. Other
TIMEOTH_S	B5h1. Other, specify
pa_stenosis	<created var> PA stenosis, 1=yes 2=no
shunt_stenosis	<created var> Shunt stenosis 1=yes 2=no

B6. Number of significant anatomic diagnoses associated with the stage II procedure ___ ___ (0-4) (If 0, skip to **C1**)

Associated Anatomic Diagnoses	
Code	**Name**
01	Branch pulmonary artery stenosis
02	Atrioventricular valve regurgitation
03	Abnormal systemic venous drainage
04	Abnormal pulmonary venous drainage
05	Pulmonary vein obstruction
06	Aortic arch obstruction
07	Aortic valve regurgitation
08	Neo-aortic valve regurgitation
09	Restrictive atrial septum requiring intervention
99	Other

Anatomic Diagnosis Code (See codes above)

a. ___ ___ 1. If Other (99), specify _____

b. ___ ___ 1. If Other (99), specify _____

c. ___ ___ 1. If Other (99), specify _____

d. ___ ___ 1. If Other (99), specify _____

SANATDX	B6. Number of significant anatomic diagnoses
assoadx	<created var> Concatenation of all associated anatomic diagnosis codes
SANDXCOD_0	B6a.Associated anatomic diagnosis
SANDX_S_0	B6a.Associated anatomic diagnosis, if other '99' specify
SANDXCOD_1	B6b.Associated anatomic diagnosis
SANDX_S_1	B6b.Associated anatomic diagnosis, if other '99' specify
SANDXCOD_2	B6c.Associated anatomic diagnosis
SANDX_S_2	B6c.Associated anatomic diagnosis, if other '99' specify
SANDXCOD_3	B6d.Associated anatomic diagnosis
SANDX_S_3	B6d.Associated anatomic diagnosis, if other '99' specify

Section C: STAGE II PROCEDURE

C1. Date of stage II procedure ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

a. Time units AM ..... 1 PM 2 24-HOUR 3

1. Time operation started ___ ___ : ___ ___

b. Time units AM ..... 1 PM 2 24-HOUR 3

1. Time operation ended ___ ___ : ___ ___

STG2_age	C1 <created var> Age at date of stage II procedure
STG2STU	C1a. Operation start time: units
STG2STRT	C1.a.1. Time operation started
STG2ETU	C1b. Operation end time: units
STG2END	C1.b.1. Time operation ended

C2. Date of hospital discharge ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

ST2DIS_age	C2 <created var> Age at date of stage II hospital discharge
St2_los	<created var> Length of stage II hospitalization, days

C3. Type of stage II procedure

Type of Stage II Procedure			
Code	**Procedure Name**	**Code**	**Procedure Name**
01	Shunt ligation and takedown	06	Bilateral bidirectional cavopulmonary anastomoses (BBDCPA)
02	Left – Unidirectional Glenn anastomosis	07	Left – Hemi-Fontan with cavopulmonary anastomoses
03	Right – Unidirectional Glenn anastomosis	08	Right – Hemi-Fontan with cavopulmonary anastomoses
04	Left – Bidirectional cavopulmonary anastomosis (BDCPA)	09	Kawashima operation (superior cavopulmonary anastomosis in setting of interrupted IVC with azygous continuation)
05	Right – Bidirectional cavopulmonary anastomosis (BDCPA)	99	Other stage II procedure

Stage II Surgical Code (See codes above)

a. ___ ___ 1. If Other (99), specify: _____

b. ___ ___ 1. If Other (99), specify: _____

c. ___ ___ 1. If Other (99), specify: _____

d. ___ ___ 1. If Other (99), specify: _____

e. ___ ___ 1. If Other (99), specify: _____

stg2cod	<created var> Concatenation of all stage II surgical codes
STG2COD_0	C3a.Stage II surgical code
STG2_S_0	C3a.Stage II surgical code, if other '99' specify
STG2COD_1	C3b.Stage II surgical code
STG2_S_1	C3b.Stage II surgical code, if other '99' specify
STG2COD_2	C3c.Stage II surgical code
STG2_S_2	C3c.Stage II surgical code, if other '99' specify

C4. Was patient put on bypass? YES .....1 NO .....2 **(C8)**

a. Total bypass time ___ ___ ___ minutes

b. Deep hypothermic circulatory arrest (DHCA) YES .....1 NO ..... 2 **(C4c)**

1. Total deep hypothermic circulatory arrest time ___ ___ ___ minutes

c. Regional cerebral perfusion YES..... 1 NO ..... 2 **(C5)**

1. Regional cerebral perfusion time ___ ___ ___ minutes

2. Regional cerebral perfusion flow ___ ___ ___ cc/kg/min

SBYPASS	C4. Was patient put on bypass
SBYPASS_T	C4a. Total bypass time, min
SDHCA	C4b. Deep hypothermic circulatory arrest (DHCA)
SDHCA_T	C4b1. Total deep hypothermic circulatory arrest time, min
SRCP	C4c. Regional Cerebral Perfusion
SRCP_T	C4c1. Regional Cerebral Perfusion Time, min
SRCPFLOW	C4c2. Regional Cerebral Perfusion Flow, cc/kg/min

C5. Lowest temperature obtained during bypass, regardless of location ___ ___ . ___ °C

SLOWTEMP	C5. Lowest temperature obtained duing bypass, Celsius

C6. HCT _____%

SHCT	C6. HCT, %

C7. Was ultrafiltration used during or after the Stage II procedure? YES.....1 NO ..... 2 **(C8)**

a. Ultrafiltration used during CPB? YES.....1 NO 2

b. Ultrafiltration used post-CPB? YES.....1 NO 2

SULTRAFIL	C7. Was ultrafiltration used during or after the Norwood proc...
SUF_CONT	C7a. Ultrafiltration used during CPB?
SUF_POSTCPB	C7b. Ultrafiltration used during post-CPB?

C8. Steroids YES.....1 NO 2

SSTEROIDS	C8. Steroids

C9. Trasylol (Aprotinin) YES.....1 NO 2

STRASYLOL	C9. Trasylol (Aprotinin)

C10. Alpha blockade YES.....1 NO ..... 2 **(C11)**

a. Type PHENOXYBENZAMINE..... 1

PHENTOLAMINE..... 2

SABLOCK	C10. Alpha blockade
SABLOCTYP	C10a. Alpha blockade type

C11. Was patient placed on extracorporeal membrane oxygenation (ECMO)? YES.....1 NO 2

SNECMO	C11. Was patient placed on extracorporeal membrane oxygenation?

C12. Number of cardiac surgical procedures performed concurrent with Stage II procedure, which are NOT a standard part of the surgeon's routine Stage II operation ___ ___ (0-5) (If 0, skip to **D1**)

Concurrent Cardiac Surgical Procedures			
Code	**Procedure Name**	**Code**	**Procedure Name**
01	Aortic arch repair	10	Repair of atrioventricular valve regurgitation
02	Atrial septectomy	11	Repair of MBTS complication
03	Atrioventricular valve replacement	12	Repair or revision of PAPVC (partial anomalous pulmonary venous connection)
04	Collateral ligation	13	Repair of RV-PA shunt complication (e.g. ventricular aneurysm)
05	MBTS placement	14	Repair or revision of TAPVC (total anomalous pulmonary venous connection)
06	Pulmonary artery dilation	15	RV-to-PA shunt placement
07	Pulmonary arterioplasty	16	Semilunar valve replacement
08	Pulmonary artery stent placement		
09	Pacemaker insertion	99	Other concurrent surgery

Cardiac Surgical Code (See codes above)

a. ___ ___ 1. If Other (99), specify: _____

b. ___ ___ 1. If Other (99), specify: _____

c. ___ ___ 1. If Other (99), specify: _____

d. ___ ___ 1. If Other (99), specify: _____

e. ___ ___ 1. If Other (99), specify: _____

sconcod	<created var> Concatenation of all surgical codes concurrent with Stage II
SCONCOD_0	C12a. Concurrent with Stage II surgical code
SCON_S_0	C12a. Concurrent with Stage II surgical code, if other '99' specify
SCONCOD_1	C12b. Concurrent with Stage II surgical code
SCON_S_1	C12b. Concurrent with Stage II surgical code, if other '99' specify
SCONCOD_2	C12c. Concurrent with Stage II surgical code
SCON_S_2	C12c. Concurrent with Stage II surgical code, if other '99' specify
SCONCOD_3	C12d. Concurrent with Stage II surgical code
SCON_S_3	C12d. Concurrent with Stage II surgical code, if other '99' specify
SCONCOD_4	C12e. Concurrent with Stage II surgical code
SCON_S_4	C12e. Concurrent with Stage II surgical code, if other '99' specify

Section D: POST-STAGE II ASSESSMENT

D1. Total days of ICU stay ___ ___ ___ days

Any time spent in the ICU counts as 1 day, even if <24 hr period

ICUDAYS	D1. Total days of ICU stay

D2. Was patient extubated in the OR? YES ..... 1 **(b)** NO..... 2

a. Date of initial extubation ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

b. Time of OR/initial extubation ___ ___ **:** ___ ___

1. Units AM ..... 1 PM..... 2 24-HOUR 3

c Total days ventilated __ __ __ days

POSTEXOR	D2. Was patient extubated in the OR
postex_age	D2a.<created var> Age at date of extubation, days
POSTEX_T	D2b. Time of OR/initial extubation
POSTEX_TU	D2b1. Time Units
POSTVENTDAYS	D2c. Total days ventilated

D3. Did patient require cardiopulmonary resuscitation (CPR)? YES .....1 NO..... 2

POSTCPR	D3. Did patient require cardiopulmonary resuscitation

D4. Number of interventional cardiac catheterization procedures ___ ___ (0-5) (If 0, skip to **D5**)

[DO NOT list <u>diagnostic</u> catheterizations]

	Cardiac Catheterization Intervention Code(See Code List F)[code required for data entry]					
	1. Level 1	**2. Level 2**	**3. Level 3**	**4. Level 4**	**5. Level 5**	**6. Date of Interventional Cardiac Catheterization**
a.	___ ___ -	___ ___ -	___ ___ -	___ ___ -	___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
b.	___ ___ -	___ ___ -	___ ___ -	___ ___ -	___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
c.	___ ___ -	___ ___ -	___ ___ -	___ ___ -	___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
d.	___ ___ -	___ ___ -	___ ___ -	___ ___ -	___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y

		Name of intervention
e.	___ ___ - ___ ___ - ___ ___ - ___ ___ - ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y
		Name of intervention

POSTCATHNO	D4. Number of interventional cardiac catheterization procedures
postcathcd	<created var> Concatenated all post stage II cath codes
postcath0	D4a.Post-stg2 interventional catheterization
postcath_age_0	D4a <created var> Age at date of interventional cardiac cathterization, days
POSTCATH_S_0	D4a.Post-stg2 interventional catheterization name
postcath1	D4b.Post-stg2 interventional catheterization
postcath_age_1	D4b <created var> Age at date of interventional cardiac cathterization, days
POSTCATH_S_1	D4b.Post-stg2 interventional catheterization name
postcath2	D4c.Post-stg2 interventional catheterization
postcath_age_2	D4c <created var> Age at date of interventional cardiac cathterization, days
POSTCATH_S_2	D4c.Post-stg2 interventional catheterization name
postcath3	D4d.Post-stg2 interventional catheterization
postcath_age_3	D4d <created var> Age at date of interventional cardiac cathterization, days
POSTCATH_S_3	D4d.Post-stg2 interventional catheterization name

D5. Number of other surgical procedures ___ ___ (0-5) (If 0, skip to **E1**)

[DO NOT include stage II procedure or catheterization procedures listed previously]

Other Surgical Procedures			
Code	**Procedure Name**	**Code**	**Procedure Name**
01	Bowel surgery	13	Pulmonary artery reconstruction
02	Chest closure		
03	Chest exploration without intervention		
04	Coarctation repair	16	Stage II revision
05	Dialysis	17	Thorocentesis
06	Diaphragm plication	18	Thoracic duct ligation
07	Extracorporeal membrane oxygenation	19	Thoracostomy tube
08	Gastrostomy tube	20	Thrombectomy
09	Pacemaker insertion*	21	Tracheostomy
10	Pericardial window	22	Transplantation
11	Pleurodesis	23	Ventriculostomy/VP shunt
		99	Other surgical procedure

***If code 09 is selected, question D7 must be YES**

Surgical Code (See codes above)

a. ___ ___ 1. If Other (99), specify: _____

b. ___ ___ 1. If Other (99), specify: _____

c. ___ ___ 1. If Other (99), specify: _____

d. ___ ___ 1. If Other (99), specify: _____

e. ___ ___ 1. If Other (99), specify: _____

postsurgcd	<created var> Concatenated all post Stage II surgical codes
POSTSURGCD_0	D5a.Post Stage II surgical code
POSTSURG_S_0	D5a.Post Stage II surgical code, if other'99' specify
POSTSURGCD_1	D5b.Post Stage II surgical code
POSTSURG_S_1	D5b.Post Stage II surgical code, if other'99' specify

…

POSTSURGCD_12	D5m.Post Stage II surgical code
POSTSURG_S_12	D5m.Post Stage II surgical code, if other'99' specify
POSTSURGCD_13	D5n.Post Stage II surgical code
POSTSURG_S_13	D5n.Post Stage II surgical code, if other'99' specify

D6. Number of above procedures for which patient was placed on cardiopulmonary bypass. ____ (0 – 5) **(If 0, skip to D7)**

	a.Procedure code(see Other Surgical Procedure codes above)	b. Bypass minutes	c.DHCA Yes= 1No = 2	d.DHCAminutes	e.RCPYes= 1No = 2	f.RCPminutes	g. RCPflowcc/kg/min	h.Lowest temp. °C during bypass, regardless of location	i.HCT %
1.	__ __	__ __ __	___	__ __ __	___	__ __ __	__ __ __	__ __ . __	__ __ . __
	a1. If "other" procedure, specify: _____								
2.	__ __	__ __ __	___	__ __ __	___	__ __ __	__ __ __	__ __ . __	__ __ . __
	a1. If "other" procedure, specify: _____								
3.	__ __	__ __ __	___	__ __ __	___	__ __ __	__ __ __	__ __ . __	__ __ . __
	a1. If "other" procedure, specify: _____								
4.	__ __	__ __ __	___	__ __ __	___	__ __ __	__ __ __	__ __ . __	__ __ . __
	a1. If "other" procedure, specify: _____								
5.	__ __	__ __ __	___	__ __ __	___	__ __ __	__ __ __	__ __ . __	__ __ . __
	a1. If "other" procedure, specify: _____								

POSTCPB	D6. Number of procedures with cadiopulm. bypass
POSTCPBEV_0	[Added version B]D6.1.a. Procedure code
POSTCPB_S_0	[Added version B]D6.1.1a. Specify 'other' procedure code
POSTCPBMIN_0	[Added version B]D6.1.b. Bypass time, minutes
POSTDHCA_0	[Added version B]D6.1.c. On DHCA
POSTDHCAMN_0	[Added version B]D6.1.d. DHCA time, minutes
POSTRCP_0	[Added version B]D6.1.e. On RCP
POSTRCPMIN_0	[Added version B]D6.1.f. RCP time, minutes
POSTRCPFL_0	[Added version B]D6.1.g. RCP flow, cc/kg/min
POSTLOW_TEMP_0	[Added version B]D6.1.h. Lowest temperature during bypass, Celsius
POSTHCT_0	[Added version B]D6.1.i. HCT, %
POSTCPBEV_1	[Added version B]D6.2.a. Procedure code
POSTCPB_S_1	[Added version B]D6.2.1a. Specify 'other' procedure code
POSTCPBMIN_1	[Added version B]D6.2.b. Bypass time, minutes
POSTDHCA_1	[Added version B]D6.2.c. On DHCA
POSTDHCAMN_1	[Added version B]D6.2.d. DHCA time, minutes
POSTRCP_1	[Added version B]D6.2.e. On RCP
POSTRCPMIN_1	[Added version B]D6.2.f. RCP time, minutes
POSTRCPFL_1	[Added version B]D6.2.g. RCP flow, cc/kg/min
POSTLOW_TEMP_1	[Added version B]D6.1.h. Lowest temperature during bypass, Celsius
POSTHCT_1	[Added version B]D6.2.i. HCT, %

D7. Pacemaker placed? YES.....1 NO.....2 **(E1)**

a. Date of placement ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

b. Type of pacemaker PERMANENT EPICARDIAL ATRIAL PACING.....1
PERMANENT EPICARDIAL VENTRICULAR PACING.....2
PERMANENT EPICARDIAL DUAL CHAMBER PACING.....3
OTHER 99

1. Other, specify: _____

POSTPACER	D7. Pacemaker placed
postpacer_age	D7a <created var> Age at date of pacemaker placement, days
POSTPACTYP	D7b. Type of pacemaker
POSTPACE_S	D7b1. Type of pacemaker: Specify

Section E: POST-STAGE 2 IN-HOSPITAL COMPLICATIONS

E1. Number of significant postoperative complications ___ ___ (0-8) (If 0, skip to **F1**)

Complications Code(See Code List M)[Code required for data entry]

Specify[Use spaces below to write complications]

a1. ___ - ___ ___ ___ ___

a2. Date of onset ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

b1. ___ - ___ ___ ___ ___

b2. Date of onset ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

c1. ___ - ___ ___ ___ ___

c2. Date of onset ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

POSTCOMP	E1. Number of significant postoperative complications
postcompcd	<created var> Concatenation of all post Stage II complication codes
POSTCOMPCD_0	E1a.Post Stage II complication code
POSTCOMP_S_0	E1a.Post Stage II complication code, if other '99' specify
POSTCOMP_age_0	E1a <created var> Age at complication date of onset, days
POSTCOMPCD_1	E1b.Post Stage II complication code
POSTCOMP_S_1	E1b.Post Stage II complication code, if other '99' specify
POSTCOMP_age_1	E1b <created var> Age at complication date of onset, days

…

POSTCOMPCD_28	E1C.Post Stage II complication code
POSTCOMP_S_28	E1C.Post Stage II complication code, if other '99' specify
POSTCOMP_age_28	E1C <created var> Age at complication date of onset, days
POSTCOMPCD_29	E1D.Post Stage II complication code
POSTCOMP_S_29	E1D.Post Stage II complication code, if other '99' specify
POSTCOMP_age_29	E1D <created var> Age at complication date of onset, days

Section F: DISCHARGE STATUS

F1. Vital status at discharge ALIVE .....1 DEAD.....2

If patient died, End Form

ST2VITAL	F1. Vital status at discharge

F2. Number of discharge medications ___ ___ (0-10) (If 0, skip to **F3**)

Medication Code(See Code List D) **[Code required for data entry]**	**Medication Name Worksheet**
a. ___ ___ . ___ ___	a1.
b. ___ ___ . ___ ___	b1.
c. ___ ___ . ___ ___	c1.
d. ___ ___ . ___ ___	d1.
e. ___ ___ . ___ ___	e1.
f. ___ ___ . ___ ___	f1.

NNUMMED	F2. Number of discharge medications
disc_med	<created var> Concatenation of all medication codes at discharge
medcode_0	F2a.Discharge medication code
NMEDNAME_0	F2a.Discharge medication name (if other)
medcode_1	F2b.Discharge medication code
NMEDNAME_1	F2b.Discharge medication name (if other)

…

medcode_17	F2r.Discharge medication code
NMEDNAME_17	F2r.Discharge medication name (if other)
medcode_18	F2s.Discharge medication code
NMEDNAME_18	F2s.Discharge medication name (if other)

F3. Oxygen saturation at discharge ___ ___ ___ % UNKNOWN... -8 **(END)**

a. Type of air ROOM AIR .....1 OXYGEN.....2

SO2SAT	F3. Oxygen saturation at discharge, %
NAIRTYPE	F3a. Type of air